
(Date)

Department of Health & Human Services
Child Support Division - Attn: Legal Counsel
2675 Palmer Street - Suite C
Missoula MT 59808

RE: Notice of Proceeding

Dear Sir:

I am enclosing a copy of the following:

- Statutory Notice to DPHHS
- CSED Confidential Data Sheet
- Department Declination to Enter Proceedings as a Party
- Acceptance of Service

Please sign the Acceptance of Service and ask your staff to check the records and determine whether the Department has ever provided services to these parties. Please return the acknowledgment to me. For your convenience, I have enclosed a self-addressed stamped envelope.

Please call me if the Department did indeed provide services or you have any questions about the proceeding. Thank you.

Sincerely,

Signature of Petitioner *Pro se*

(Address)

(Phone)

cc:

(Name of Respondent)

**MONTANA TWENTY-FIRST JUDICIAL DISTRICT COURT
RAVALLI COUNTY**

<p>In re the Marriage of:</p> <p>_____,</p> <p style="text-align: right;">Petitioner,</p> <p>and</p> <p>_____,</p> <p style="text-align: right;">Petitioner.</p>	<p>Cause No.: _____</p> <p>Department No. _____</p> <p style="text-align: center;">CSED CONFIDENTIAL DATA SHEET</p>
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Names of the Parties	Last Known Address	Date of Birth	Social Security #

Names of the Children	Last Known Address	Date of Birth	Social Security #

THIS FORM IS TO BE PROVIDED TO CSED AND THE OTHER PARTY.
THIS PAGE IS NOT TO BE FILED WITH THE CLERK OF DISTRICT COURT.